

# TOWN OF DAVIE

## LEAVE REQUEST FORM

Employee Town I.D. Number: \_\_\_\_\_

This Authorization Concerns: \_\_\_\_\_  
Last Name First Name Middle Name

Payroll Classification: \_\_\_\_\_ Department: \_\_\_\_\_

Union: ☐ Yes ☐ No If Yes, State Name of Union \_\_\_\_\_

Reason for Requesting Leave: \_\_\_\_\_

When an employee's absence is for personal and/or family medical reasons or for a work related injury whether paid or unpaid, and the leave exceeds three (3) days, all time missed for that medical reason shall be designated as Family Medical Leave (FMLA) and the employee must provide supporting medical documentation.

Type of Leave:

*All non-emergency leave **MUST** be pre-approved, by the Department Director or designee, before leave commences*

\_\_\_\_ Vacation: Is this Medical/Family Medical Leave (FMLA)? \_\_\_\_\_  
\_\_\_\_ Sick: Is this Medical/Family Medical Leave (FMLA)? ☐ Sick Leave Bank ☐  
\_\_\_\_ Worker's Compensation (This is FMLA)  
\_\_\_\_ Other (explanation i.e. Exec. Leave, Kelly Day) \_\_\_\_\_

Starting Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Date \_\_\_\_/\_\_\_\_/\_\_\_\_ No. of Hrs. \_\_\_\_\_

Date \_\_\_\_\_ Request by Employee \_\_\_\_\_

Date \_\_\_\_\_ Approved by Dept. Director/designee \_\_\_\_\_

Department Director/or designee is responsible for completion and submission of this form for any employee that is physically unable to do so.

Original - **Payroll** (Verify employees requested hrs. available \_\_\_\_\_) If a discrepancy occurs please send a corrected copy to the Originating Department and Human Resources Management.

Copy - **Employee**

Copy - **Originating Department** (Timekeeper verify employees requested hrs. available \_\_\_\_\_)

Copy - **Human Resources Management** (Verify employees requested hrs. available if returned from Payroll).

Revised 11 2006